

OK

**Zions Insurance-Salt Lake**

4141 South Highland Drive  
Salt Lake City, UT 84127-1130  
Phone : 801-273-6000

**MEMO**

Page 1

ACCOUNT NO.  
COOPM-1OF  
MLDATE  
01/08/02**Division of Oil & Gas**

Attn: Pamela GrubaughLittig

*Informing*  
*1/15/02*

Attn: Pamela

Re: Co-Op Mining

Here is another cert extending coverage to 1/12/2002 since a quote has not been given to insured yet due to company being short handed still.

I also need to know if there is a written contractual agreement between the Division of Oil and Gas and CW Mining agreeing that they list you as additional insured with 45 day notice fo cancel? If so can you furnish me a copy of this agreement?

Thank you,

*Marian Lyons*

Marian Lyons

**ACORD CERTIFICATE OF LIABILITY INSURANCE**SSR TJ  
COOPM-1DATE (MM/DD/YY)  
01/08/02

PRODUCER  
Zions Insurance-Salt Lake  
P O Box 271130  
4141 South Highland Drive  
Salt Lake City UT 84127-1130  
Phone: 801-273-6000 Fax: 801-273-6027

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURER A: **Federal Insurance Company**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**INSURED**

Co-Op Mining  
C. W. Mining Inc. DBA:  
P. O. Box 65809  
Salt Lake City UT 84165

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                       |
|----------|---|---------------|----------------------------------|-----------------------------------|--|
| A        | <b>GENERAL LIABILITY</b>  | 37107468      | 01/01/02                         | 01/12/02                          | EACH OCCURRENCE \$ <b>1,000,000</b>          |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ <b>100,000</b> |
|          | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  |               |                                  |                                   | MED EXP (Any one person) \$ <b>10,000</b>    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   | PERSONAL & ADV INJURY \$ <b>1,000,000</b>    |
|          | <b>AUTOMOBILE LIABILITY</b>   |               |                                  |                                   | GENERAL AGGREGATE \$ <b>2,000,000</b>        |
|          | ANY AUTO  |               |                                  |                                   | PRODUCTS - COM/OP AGG \$ <b>1,000,000</b>    |
|          | ALL OWNED AUTOS   |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | SCHEDULED AUTOS   |               |                                  |                                   | BODILY INJURY (Per person) \$                |
|          | HIRED AUTOS   |               |                                  |                                   | BODILY INJURY (Per accident) \$              |
|          | NON-OWNED AUTOS   |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$            |
|          | <b>GARAGE LIABILITY</b>   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                   |
|          | ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY: EA ACC \$              |
|          | <b>EXCESS LIABILITY</b>   |               |                                  |                                   | AGG \$                                       |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE   |               |                                  |                                   | \$   |
|          | DEDUCTIBLE  |               |                                  |                                   | \$   |
|          | RETENTION \$  |               |                                  |                                   | \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |               |                                  |                                   | WC STATUTORY LIMITS OTH-ER                   |
|          |   |               |                                  |                                   | E.L. EACH ACCIDENT \$                        |
|          |   |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                |
|          |   |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$               |
|          | <b>OTHER</b>  |               |                                  |                                   |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

\*\*\*Policy Coverage extended to 1/12/02\*\*\*

Note: Explosion Damage is covered.

Bear Canyon Mine # ACT/015/025  
Faxed to 359-3940

CERTIFICATE HOLDER ☒ ADDITIONAL INSURED INSURER LETTER:

STATUC1

State of Utah Division of  
Oil & Gas  
Pamela Grubaug-Littig  
1594 West North Temple Su#1210  
Salt Lake City UT 84114-5801

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **45** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT BE A WAIVER OF ANY RIGHTS OR OBLIGATIONS OF THE INSURER. THE POLICY IS NOT VALID UNLESS IT IS SIGNED BY THE INSURER.

*David Hird*

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